INPUT

ORDER/INVOICE/FULFILLMENT

ORIGINATOR (SIGNATURE) _____ PREPARED BY: _____ DATE: _____

ACTIVITY

- ☐ NEW ORDER
- ☐ CONTINUATION
- ☐ CHANGE
- ☐ CANCEL
- ☐ SPECIAL:

- ☐ FULFILLMENT ONLY
- ☐ SINGLE INVOICING
- ☐ MULTI-INVOICING: NO. INVOICES _____
- ☐ PENDING:

COMMISSION TO:		SOLD BY:		APPROVED
Gary	100 %	Gary	100 %	
	%		%	
	%		%	INITIAL
	%		%	
	%		%	DATE

PRODUCT

	US / UK	PROJ. I.D./YEAR	TITLE OR DESCRIPTION	AMOUNT
☐ SUBSCRIPTION				
☐ CUSTOM		YCR2	[illegible]	[illegible]
☐ MULTICLIENT				
☐ REPORTS				
☐ COPIES				
☐ CONSULT./PRESENT.				
☐ TAPES/MATERIALS				
☐ REIMBURSED COSTS				

CLIENT AUTH.

P.O. # _____ INPUT CONTRACT ☐ LETTER ☐ VERBAL ☐

ATTACH ALL AUTHORIZING DOCUMENTS TO WHITE (CONTRACT) COPY.

ORIGINATOR / INVOICE

SHIP TO:*

NAME [illegible]

TITLE [illegible]

COMPANY [illegible]

ADDRESS [illegible]

[illegible] CA 94 [illegible]

PHONE (415) [illegible]

INVOICE TO: (IF DIFFERENT)

NAME _____

TITLE _____

COMPANY _____

ADDRESS _____

PHONE ( )

* ☐ Check here if more than one shipping address and attach names and addresses to green (fulfillment) copy.

* ☐ Check here for address change to mail list.

INVOICE TO READ: (FOR OTHER THAN STANDARD WORDING)

[illegible]

SPECIAL INSTRUCTIONS FOR HANDLING, BILLING, STAGGERED OR DELAYED PAYMENTS, ETC.

[illegible]

O.I.F. ONLY

INV. COMP.	BY:	DATE:	CLIENT #:	ORDER #:	INV. #:	MULTI-INVOICING _____ OF _____

ORIGINATOR/SHIPPING FULFILLMENT

ITEM DESCRIPTION OR TITLE	NO.	BY	DATE	ITEM DESCRIPTION OR TITLE	NO.	BY	DATE

FULFILLMENT TO BE COMPLETED IN: ☐ PALO ALTO ☐ LONDON ☐ OTHER _____

• WHITE - ACCOUNTING • GREEN - ACCOUNTING • YELLOW - ACCOUNTING • PINK - ORIGINATOR
• GOLDENROD - REGIONAL SALES MANAGER

R 1/81

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- ☐ PENDING:

COMMISSION TO:		SOLD BY:	
_____	____ %	_____	____ %
_____	____ %	_____	____ %
_____	____ %	_____	____ %
_____	____ %	_____	____ %

APPROVED _____ INITIAL _____ DATE

PRODUCT

- ☐ SUBSCRIPTION
- ☐ CUSTOM
- ☐ MULTICLIENT
- ☐ REPORTS
- ☐ COPIES
- ☐ CONSULT./PRESENT.
- ☐ TAPES/MATERIALS
- ☐ REIMBURSED COSTS

US / UK	PROJ. I.D./YEAR	TITLE OR DESCRIPTION	AMOUNT

ORIGINATOR

CLIENT AUTH.

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INVOICE

SHIP TO:*

NAME _____

TITLE _____

COMPANY _____

ADDRESS _____

PHONE ( )

INVOICE TO: (IF DIFFERENT)

NAME _____

TITLE _____

COMPANY _____

ADDRESS _____

PHONE ( )

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